Data Quality Management: Coding Audit

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Uniform Business Office
(a.k.a. Billing)
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Overview

- The Audit
- Coding

The Process

- Table Builds
  - Provider in correct MEPRS Clinic, with correct provider specialty code…
- Appointment = Revenue Code (a.k.a MEPRS) and institutional component identification, provider identification, appointment type (access to care)
- Appointment selects correct PATCAT
- Appointment marked as “Kept”
- Patient services
- Documentation
- Coding
- Data Input
- Audit
- Feedback, correct ambulatory data record/inpatient data record
- Re-audit

What the Audit Doesn’t Tell

- If the MEPRS was incorrect
  - e.g., in GYN instead of OB
- If the provider was incorrect
  - e.g., appointment with Dr A who was sick so seen by Dr B
- Injury/accident related
- Additional providers
- PATCAT

Audit is For:

- % of records available for audit
- % of Evaluation and Management (E&M) codes deemed correct
- % of International Classification of Diseases, 9 revision, Clinical Modifications (ICD-9-CM) codes deemed correct
- % of Current Procedural Terminology (CPT) codes other than those in the 99201-99499 range, and Healthcare Common Procedure Coding System (HCPCS) codes deemed correct

What DQMC sees
I can tell we need to help this base

#5	#6a	#6b	#6c	#6d	#6e	#7a	#7b	#7c	#7d
	90%	60%	11%	53%	66%	100%		100%	
	90%	**60%**	**11%**	**53%**	**66%**	**100%**		**100%**	

What about these bases?

#6b	#6c	#6d
60%	67%	66%
96%	97%	97%
93%	64%	97%
84%	74%	70%
76%	77%	38%
66%	60%	51%
67%	54%	84%
96%	91%	95%
51%	60%	19%
95%	84%	98%
81%	92%	91%
41%	61%	40%

6a. Outcome of monthly outpatient coding audit: Percentage of outpatient medical records on-hand or documented as checked out?

6a	Dec 04	Jan 05	Feb 05
SEOUL	97%	100%	97%
HEIDELBERG	100%	100%	99%
LANDSTUHL	99%	100%	100%
WUERZBURG	96%	90%	87%
FT. BLISS	97%	100%	100%
FT. CARSON	100%	100%	100%
FT. HOOD	74%	100%	71%
FT. HUACHUCA	97%	100%	100%
FT. LEAVENWORTH	100%	100%	88%
FT. LEONARD WOOD	100%	100%	100%
FT. POLK	97%	99%	95%
FT. RILEY	100%	100%	100%
FT. SAM HOUSTON	100%	47%	92%
FT. SILL	100%	100%	100%
FT. BELVOIR	96%	96%	96%
FT. BRAGG	100%	100%	100%
FT. DRUM	100%	100%	100%
FT. EUSTIS	100%	100%	100%
FT. KNOX	100%	100%	100%
FT. LEE	96%	95%	97%
FT. MEADE	95%	100%	96%
FT. MONMOUTH	100%	100%	100%
WALTER REED	100%	100%	100%
WEST POINT	100%	100%	100%
TAMC	99%	100%	98%
JAPAN	100%	100%	100%
FT. BENNING	100%	100%	100%
FT. CAMPBELL	100%	100%	100%
FT. GORDON	100%	100%	100%
FT. JACKSON	93%	96%	100%
FT. RUCKER	100%	100%	100%
FT. STEWART	100%	100%	100%
REDSTONE ARSENAL	100%	100%	100%
FT. IRWIN	100%	100%	100%
FT. LEWIS	100%	100%	100%

6a. Outcome of monthly outpatient coding audit: Percentage of outpatient medical records on-hand or documented as checked out?

Feb-05	6a
	%
NH Pensacola	**60%**
NH Jacksonville	100%
NH Corpus Christi	93%
NH Sigonella	97%
NHC London	95%
NH Beaufort	76%
NH Guantanamo Bay	100%
NH Naples	96%
NH Rota	**87%**
NH Charleston	99%
NH Keflavik	98%
NHC Annapolis	100%
NNMC Bethesda	96%
NMC Portsmouth	100%
NH Great Lakes	100%
NHC Quantico	100%
NHC New England	**85%**
NH Cherry Point	100%
NHC Pax River	94%
NH Camp Lejeune	91%
NMC San Diego	98%
NH Twenty Nine Palms	99%
NH Lemoore	100%
NH Oak Harbor	100%
NH Camp Pendleton	100%
NH Bremerton	100%
NH Guam	99%
NHC Hawaii	93%
NH Yokosuka	100%
NH Okinawa	100%

6a. Outcome of monthly outpatient coding audit: Percentage of outpatient medical records on-hand or documented as checked out?

Feb 05	6a
Bolling	86
Barksdale	0
Beale	98
Cannon	94
DM	62
Dyess	89
Ellsworth	100
Holloman	80
Langley	100
Minot	93
Mt Home	95
Nellis	99
Offutt	100
Sey-John	58
Shaw	96
Whiteman	89
Altus	94
Columbus	97

Goodfellow	73
Keesler	75
Lackland	68
Laughlin	72
Little Rock	86
Luke	95
Maxwell	81
Randolph	99
Sheppard	96
Tyndall	98
Vance	100
Buckley	0
FE Warren	100
LA	78
Malmstrom	97
Peterson	100
Patrick	84
Vandenberg	90
Hurlburt	89

Moody	99
Brooks	100
Edwards	85
Eglin	42
Hanscom	100
Hill	99
Kirtland	82
Robins	82
Tinker	100
W Pat	100
Andrews	88
Charleston	96
Dover	92
Fairchild	80
Grand Forks	97
MacDill	95
McCord	92
McConnell	79
McGuire	100
Pope	95

Scott	69
Travis	34
Andersen	89
Eielson	97
Elmendorf	97
Hickam	100
Kadena	100
Kunsan	100
Misawa	0
Osan	0
Yokota	95
USAFA	93
Aviano	99
Incirlik	95
Lakenheath	94
Ramstein	100
Spangdahlem	88
Lajes	100

6a

- Why the variation
  - Is this a random audit?
  - Are ALL SADRs for the MTF included
    - Technicians/nurses
    - Telephone calls
    - ALL MEPRS (include FBI)
  - What qualifies as “checked-out” – in the past week, past month, past year, past decade?
- What do the data tell us?

What do foot notes say?

- Item 6a (From our Medical Records NCO): The Optometry clinic had been holding on to records for several days at a time in November, but they were reminded that the medical records must be returned to the records section ASAP.

Just Asking

- Where are the data for the record room at Di Lorenzo Clinic at the Pentagon?

Who needs my help?

6b. Outpatient coding audit: % E&M correct?

May-04	Jun-04	Jul-04
Mar-04	Apr-04	May-04
96%	96%	96%
74%	74%	78%
72%	66%	70%
85%	93%	84%
96%	99%	97%
97%	98%	74%
91%	100%	78%
95%	97%	95%
96%	100%	100%
98%	67%	51%
83%	98%	100%
100%	100%	100%
89%	87%	91%
75%	50%	55%
100%	95%	97%

6b. Outcome of monthly outpatient coding audit: What is the percentage of E&M codes deemed correct?

SEOUL	74
HEIDELBERG	83
LANDSTUHL	73
WUERZBURG	77
FT. BLISS	100
FT. CARSON	98
FT. HOOD	100
FT. HUACHUCA	94
FT. LEAVENWORTH	89
FT. LEONARD WOOD	42
FT. POLK	100
FT. RILEY	100
FT. SAM HOUSTON	83
FT. SILL	98
FT. BELVOIR	94
FT. BRAGG	77
FT. DRUM	95
FT. EUSTIS	78

FT. KNOX	98.5
FT. LEE	75
FT. MEADE	93
FT. MONMOUTH	87
WALTER REED	66
WEST POINT	77
TAMC	97
JAPAN	100
FT. BENNING	67
FT. CAMPBELL	76
FT. GORDON	42
FT. JACKSON	94
FT. RUCKER	97
FT. STEWART	88
REDSTONE ARSENAL	61
FT. IRWIN	86
FT. LEWIS	78
FT. WAINWRIGHT	47

6b. Outcome of monthly outpatient coding audit: What is the percentage of E&M codes deemed correct?

NH Pensacola	97.2%
NH Jacksonville	100.0 %
NH Corpus Christi	99.7%
NH Sigonella	100.0 %
NHC London	99.9%
NH Beaufort	100.0 %
NH Guantanamo Bay	99.9%
NH Naples	98.6%
NH Rota	95.7%
NH Charleston	99.0%
NH Keflavik	100.0 %
NHC Annapolis	100.0 %
NNMC Bethesda	98.0%
NMC Portsmouth	99.5%

NHC Quantico	99.9%
NHC New England	99.0%
NH Cherry Point	84.0%
NHC Pax River	99.5%
NH Camp Lejeune	99.2%
NMC San Diego	99.0%
NH Twenty Nine Palms	99.0%
NH Lemoore	99.0%
NH Oak Harbor	98.0%
NH Camp Pendleton	99.0%
NH Bremerton	99.0%
NH Guam	99.3%
NHC Hawaii	99.6%
NH Yokosuka	99.9%
NH Okinawa	96.0%

6b. Outcome of monthly outpatient coding audit: What is the percentage of E&M codes deemed correct?

Feb 05	6b
Bolling	76
Barksdale	0
Beale	97
Cannon	98
DM	69
Dyess	97
Ellsworth	100
Holloman	59
Langley	80
Minot	99
Mt Home	86
Nellis	96
Offutt	96
Sey-John	76
Shaw	96
Whiteman	62
Altus	93
Columbus	90
Goodfellow	71

Keesler	95
Lackland	88
Laughlin	92
Little Rock	93
Luke	88
Maxwell	90
Randolph	100
Sheppard	90
Tyndall	100
Vance	96
Buckley	0
FE Warren	100
LA	83
Malmstrom	73
Peterson	100
Patrick	70
Vandenberg	0
Hurlburt	83
Moody	99
Brooks	87

Edwards	96
Eglin	91
Hanscom	97
Hill	100
Kirtland	88
Robins	95
Tinker	86
W Pat	95
Andrews	89
Charleston	100
Dover	92
Fairchild	78
Grand Forks	85
MacDill	94
McCord	91
McConnell	48
McGuire	56
Pope	98
Scott	67
Travis	80

Andersen	68
Eielson	96
Elmendorf	93
Hickam	85
Kadena	80
Kunsan	98
Misawa	0
Osan	0
Yokota	91
USAFA	64
Aviano	74
Incirlik	88
Lakenheath	76
Ramstein	99
Spangdahlem	88
Lajes	100

6c. Outcome of monthly outpatient coding audit: What is the percentage of ICD-9 codes deemed correct?

SEOUL	70
ERMC	83
HEIDELBERG	82
LANDSTUHL	78
WUERZBURG	89
GPRMC	89
FT. BLISS	97
FT. CARSON	87
FT. HOOD	99
FT. HUACHUCA	92
FT. LEAVENWORTH	85
FT. LEONARD WOOD	42
FT. POLK	100
FT. RILEY	100
FT. SAM HOUSTON	87
FT. SILL	100
NARMC	84
FT. BELVOIR	100
FT. BRAGG	68
FT. DRUM	90
FT. EUSTIS	63

FT. KNOX	97
FT. LEE	85
FT. MEADE	93
FT. MONMOUTH	97
WALTER REED	91
WEST POINT	57
PRMC	64
TAMC	37
JAPAN	90
SERMC	84
FT. BENNING	79
FT. CAMPBELL	79
FT. GORDON	73
FT. JACKSON	97
FT. RUCKER	96
FT. STEWART	77
REDSTONE ARSENAL	87
WRMC	66
FT. IRWIN	90
FT. LEWIS	88
FT. WAINWRIGHT	20

6c. Outcome of monthly outpatient coding audit: What is the percentage of ICD-9 codes deemed correct?

NH Pensacola	55%
NH Jacksonville	97%
NH Corpus Christi	83%
NH Sigonella	100%
NHC London	85%
NH Beaufort	86%
NH Guantanamo Bay	82%
NH Naples	80%
NH Rota	90%
NH Charleston	66%
NH Keflavik	100%
NHC Annapolis	77%
NNMC Bethesda	84%
NMC Portsmouth	60%
NH Great Lakes	93%
NHC Quantico	84%
NHC New England	70%

NH Cherry Point	47%
NHC Pax River	44%
NH Camp Lejeune	69%
NMC San Diego	71%
NH Twenty Nine Palms	27%
NH Lemoore	98%
NH Oak Harbor	83%
NH Camp Pendleton	72%
NH Bremerton	100%
NH Guam	100%
NHC Hawaii	80%
NH Yokosuka	83%
NH Okinawa	100%

6c. Outcome of monthly outpatient coding audit: What is the percentage of ICD-9 codes deemed correct?

Bolling	45
Barksdale	0
Beale	99
Cannon	91
DM	58
Dyess	93
Ellsworth	94
Holloman	59
Langley	83
Minot	88
Mt Home	79
Nellis	96
Offutt	94
Sey-John	88
Shaw	77
Whiteman	64
Altus	91
Columbus	91
Goodfellow	85
Keesler	87

Lackland	70
Laughlin	97
Little Rock	97
Luke	80
Maxwell	98
Randolph	99
Sheppard	80
Tyndall	94
Vance	95
Buckley	0
FE Warren	98
LA	88
Malmstrom	75
Peterson	100
Patrick	62
Vandenberg	0
Hurlburt	69
Moody	69
Brooks	74

Edwards	94
Eglin	81
Hanscom	99
Hill	88
Kirtland	82
Robins	93
Tinker	78
W Pat	95
Andrews	67
Charleston	99
Dover	91
Fairchild	73
Grand Forks	71

Andersen	72
Eielson	82
Elmendorf	93
Hickam	83
Kadena	73
Kunsan	90
Misawa	0
Osan	0
Yokota	84
USAFA	72
Aviano	73
Incirlik	62
Lakenheath	55
Ramstein	47
Spangdahlem	76
Lajes	85

6d. Outcome of monthly outpatient coding audit: What percentage of CPT codes deemed correct?

SEOUL	96
HEIDELBERG	96
LANDSTUHL	96
WUERZBURG	89
FT. BLISS	97
FT. CARSON	99
FT. HOOD	98
FT. HUACHUCA	98
FT. LEAVENWORTH	93
FT. LEONARD WOOD	48
FT. POLK	100
FT. RILEY	100
FT. SAM HOUSTON	80
FT. SILL	100
FT. BELVOIR	100
FT. BRAGG	93
FT. DRUM	96
FT. EUSTIS	100

FT. LEE	98
FT. MEADE	97
FT. MONMOUTH	100
WALTER REED	97
WEST POINT	83
TAMC	97
JAPAN	97
FT. BENNING	90
FT. CAMPBELL	97
FT. GORDON	83
FT. JACKSON	96
FT. RUCKER	100
FT. STEWART	73
REDSTONE ARSENAL	71
FT. IRWIN	93
FT. LEWIS	97
FT. WAINWRIGHT	30

6d. Outcome of monthly outpatient coding audit: What percentage of CPT codes deemed correct?

NH Pensacola	74%
NH Jacksonville	97%
NH Corpus Christi	94%
NH Sigonella	97%
NHC London	86%
NH Beaufort	59%
NH Guantanamo Bay	90%
NH Naples	88%
NH Rota	91%
NH Charleston	80%
NH Keflavik	100 %
NHC Annapolis	90%
NNMC Bethesda	40%
NMC Portsmouth	87%
NH Great Lakes	95%

NHC Quantico	100%
NHC New England	94%
NH Cherry Point	33%
NHC Pax River	70%
NH Camp Lejeune	86%
NMC San Diego	80%
NH Twenty Nine Palms	70%
NH Lemoore	100%
NH Oak Harbor	97%
NH Camp Pendleton	81%
NH Bremerton	78%
NH Guam	100%
NHC Hawaii	95%
NH Yokosuka	100%
NH Okinawa	100%

6d. Outcome of monthly outpatient coding audit: What percentage of CPT codes deemed correct?

Bolling	50
Barksdale	0
Beale	98
Cannon	99
DM	89
Dyess	98
Ellsworth	88
Holloman	86
Langley	96
Minot	84
Mt Home	76
Nellis	93
Offutt	91
Sey-John	100
Shaw	87
Whiteman	49
Altus	85
Columbus	95
Goodfellow	85

Keesler	95
Lackland	87
Laughlin	86
Little Rock	96
Luke	80
Maxwell	97
Randolph	96
Sheppard	71
Tyndall	90
Vance	86
Buckley	0
FE Warren	94
LA	99
Malmstrom	70
Peterson	79
Patrick	97
Vandenberg	0
Hurlburt	98

Moody	82
Brooks	79
Edwards	96
Eglin	91
Hanscom	100
Hill	88
Kirtland	87
Robins	85
Tinker	86
W Pat	100
Andrews	81
Charleston	96
Dover	93
Fairchild	58
Grand Forks	59
MacDill	95
McCord	84
McConnell	73

McGuire	48
Pope	99
Scott	78
Travis	100
Andersen	92
Eielson	84
Elmendorf	92
Hickam	90
Kadena	90
Kunsan	100
Misawa	0
Osan	0
Yokota	85
USAFA	87
Aviano	76
Incirlik	46
Lakenheath	34
Ramstein	86
Spangdahlem	44
Lajes	62

6e. What percentage of completed & current DD Form 2569s are maintained in the record?

SEOUL	97
HEIDELBERG	60
LANDSTUHL	93
WUERZBURG	64
FT. BLISS	80
FT. CARSON	95
FT. HOOD	72
FT. HUACHUCA	69
FT. LEAVENWORTH	63
FT. LEONARD WOOD	76
FT. POLK	60
FT. RILEY	100
FT. SAM HOUSTON	58
FT. SILL	64
FT. BELVOIR	97
FT. BRAGG	45
FT. DRUM	84
FT. EUSTIS	70

FT. KNOX	71
FT. LEE	81
FT. MEADE	73
FT. MONMOUTH	68
WALTER REED	100
WEST POINT	100
TAMC	57
JAPAN	97
FT. BENNING	60
FT. CAMPBELL	98
FT. GORDON	65
FT. JACKSON	40
FT. RUCKER	71
FT. STEWART	60
REDSTONE ARSENAL	73
FT. IRWIN	79
FT. LEWIS	28
FT. WAINWRIGHT	97

6e. What percentage of completed & current DD Form 2569s are maintained in the record?

NH Pensacola	26%
NH Jacksonville	44%
NH Corpus Christi	80%
NH Sigonella	
NHC London	
NH Beaufort	14%
NH Guantanamo Bay	
NH Naples	
NH Rota	
NH Charleston	0%
NH Keflavik	
NHC Annapolis	0%
NNMC Bethesda	30%
NMC Portsmouth	28%
NH Great Lakes	0%

NHC Quantico	13%
NHC New England	88%
NH Cherry Point	88%
NHC Pax River	23%
NH Camp Lejeune	50%
NMC San Diego	4%
NH Twenty Nine Palms	57%
NH Lemoore	83%
NH Oak Harbor	90%
NH Camp Pendleton	100%
NH Bremerton	70%
NH Guam	93%
NHC Hawaii	53%
NH Yokosuka	
NH Okinawa	

6e. What percentage of completed & current DD Form 2569s are maintained in the record?

Feb 05	6e
Bolling	94
Barksdale	0
Beale	82
Cannon	62
DM	83
Dyess	87
Ellsworth	57
Holloman	45
Langley	71
Minot	99
Mt Home	91
Nellis	86
Offutt	52
Sey-John	64
Shaw	50
Whiteman	81
Altus	98
Columbus	77

Goodfellow	66
Keesler	52
Lackland	79
Laughlin	91
Little Rock	73
Luke	83
Maxwell	61
Randolph	71
Sheppard	79
Tyndall	90
Vance	100
Buckley	50
FE Warren	100
LA	63
Malmstrom	23
Peterson	64
Patrick	77
Vandenberg	90
Hurlburt	89

Moody	100
Brooks	75
Edwards	56
Eglin	61
Hanscom	47
Hill	76
Kirtland	77
Robins	92
Tinker	71
W Pat	90
Andrews	93
Charleston	20
Dover	43
Fairchild	51
Grand Forks	91
MacDill	23
McCord	81
McConnell	73
McGuire	0

Pope	34
Scott	68
Travis	75
Andersen	10
Eielson	93
Elmendorf	71
Hickam	87
Kadena	100
Kunsan	0
Misawa	0
Osan	0
Yokota	0
USAFA	59
Aviano	38
Incirlik	17
Lakenheath	9
Ramstein	6
Spangdahlem	59
Lajes	4

Who needs help?

6b E&M May 2004	6c ICD May 2004	6d Procedure May 2004
%	%	%
73%	50%	70%
100%	97%	97%
91%	95%	96%
73%	83%	97%
81%	81%	80%
78%	93%	80%
89%	84%	92%
100%	90%	81%
54%	96%	83%
77%	80%	100%
83%	93%	100%
100%	75%	64%
85%	97%	96%
54%	30%	63%
99%	95%	96%
100%	100%	100%

Bottom Line – Just Jeanne's Thoughts

- When I see a 100% correct in professional services coding I suspect a problem at that base
  - Is the auditor also the coder?
  - Is the record pull random?
  - Do they have a clue about what they are doing?

The Audit

- Why - to verify the reliability of the data submitted in the SADR and SIDR feeds as well as the data stored on the local server
  - The results need to be reproducible.
  - Can you make decisions based on the data?
  - You give me bad data, I'll make bad decisions.

The Audit

- Why – to identify strengths and areas for improvement
  - How big is the problem?
  - Which section is doing well – and why?
  - What resources will you need to put against the problem?
  - Can you borrow resources from the sections with better coding?

Cost of Bad Audit

- Why waste your resources doing a bad audit?
  - Your MTF’s decision makers have an unjustified cause to rely on your data
  - It takes one full-time-equivalent eight hours to print out charge out cards, make charge out files, pull records, scan out records, deliver, pick up, scan in, and refile 200 records
  - Providers think their coding is fine

Attributes of a Good Audit

- Random or targeted
- Reproducible
- Statistically significant (large enough)
- It tells you what you were trying to figure out
- It tells you how to best use your resources

Theory of Coding

- Jeanne’s Theory of Coding

A person will code in the same manner he has always coded unless acted upon by an outside force.

- Jeanne’s Change Corollary

Audits without feedback and training will produce no change in documentation or coding.

Random or Targeted

- How you select the encounters makes a difference
  - Always pick the 2nd Tuesday
    - Surgery day in Ortho (no outpt, only APVs)
    - OB day in Women's Health
    - PA Fred helps out in the HAWC
  - Only records kept at your MTF
    - Miss most consults and referrals
    - Won't know if you will have documentation to support billing

Random or Targeted

- How you select the encounters makes a difference
  - Only “Count”
    - Miss all tech and nurse visits, as well as most “A” and “D” and “F” MEPRS
  - Only “B” MEPRS
    - Miss “A” “D” “F” MEPRS
  - To Small
    - Miss IDMTs, IDCs, circuit riders, providers not assigned to the MTF

Random or Targeted

- Look at your aggregate data
  - By code
    - Any anesthesia codes (0xxxx) anywhere but DFAA
    - Any radiology (7xxxx) or laboratory (8xxxx) codes anywhere but MEPRS DCxx and DBxx
      - There will be some Clinical Laboratory Improvement Act (CLIA) ones, your coders will recognize.
      - Look for chest x-rays in ER or MRIs in Family Practice…

Random or Targeted

- Look at your aggregate data
  - By MEPRS
    - Usually don’t find vasectomies in Orthopedics, deliveries in Urology, abdominoplasty (tummy tuck) or “excision of excess skin” in Family Practice
    - Easy to spot questionable procedures and E&M

Random or Targeted

- Those with the most risk
  - Other Health Insurance
  - Patients NOT empanelled to your MTF
  - Providers new to facility
  - Providers with history of coding issues
  - High dollar/high Relative Value Units (e.g., cardiac cath, APV)
  - Uncommon codes (e.g., 99205, 99215, 99244/5, 99284/5)

Random or Targeted

- Codes in Unexpected Places
  - E&Ms in mental health, PT/OT, optometry
  - 99199 anywhere but in B**5 or B**7
  - ER codes anywhere but the ER
  - Mental health codes anywhere but mental health (might have some in Family Practice if you have a social worker there)
  - Inpatient only procedures coded in the clinics
  - Really high Relative Value Units in the clinics

Reproducible

- If you follow the same selection criteria (with different random numbers), and the same evaluation criteria, the results should be similar

Statistically Significant

Table for Values for n						
	Desired Precision 95% Confidence					
Estimated %	±1%	±2 %	± 3 %	±4 %	± 5 %	±6 %
2 or 92	760	190				
5 or 95	1830	460	210	114	73	
10 or 90	3460	870	390	220	**139**	96
25 or 75	7210	1800	800	450	290	200
40 or 60	9220	2310	1030	580	370	260
50	9600	2400	1070	610	390	270

What are you Trying to Figure Out?

- Does my MTF have quality data?
- If not, to what level should I trust my data?
- Where are big problems that will take minimal resources to fix?

What is the best way to use your resources?

- Pull only as many records as you can use that day – keeps the clinics from looking for checked out records
- Have the auditor check for everything at once
  - Summary sheet
  - DD Form 2569
  - Documentation includes: legible, signed, dated, name of clinic, name of provider
  - Coding
  - Documents in correct location in record
  - Only that patient’s data in the record

“Charged Out”

- Charged out within the past week if still assigned to your MTF
- Patient PCSed and took record with

- If not assigned, but did services, the MTF MUST have a copy of the documentation available (even if the original goes in the medical record back to the patient’s MTF)

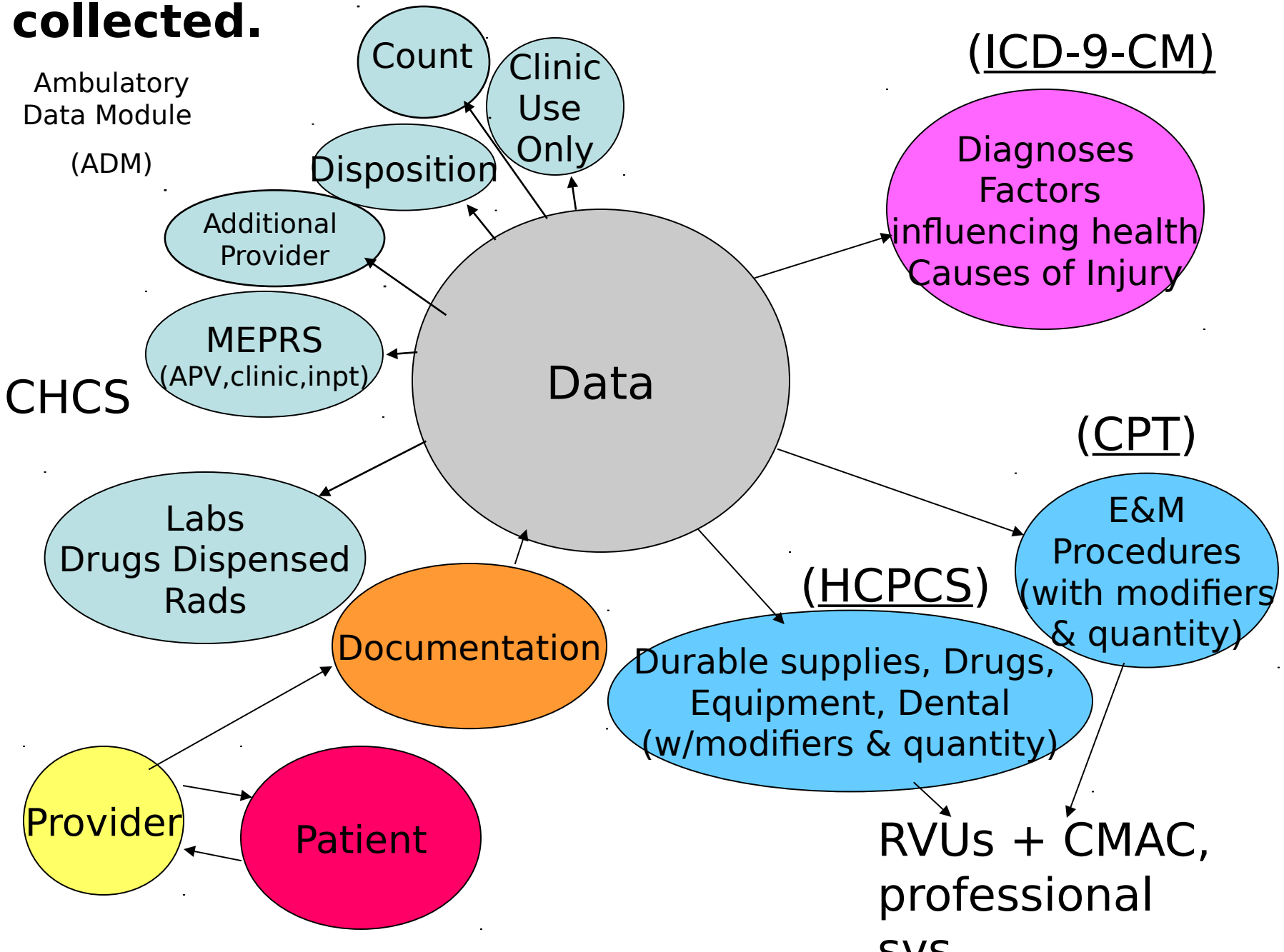
Last Thoughts

- You need to audit xxx charts
  - That means, audit, not pull
  - If you average 50% available, request twice as many as you need
  - Chart available – if it has been checked out for more than 7 days… get real, do you really consider that chart available? Do you really think it is coming back without your intervention?
  - Documentation present

Coding

- Overview
- ICD-9-CM
- CPT
  - Evaluation and Management
  - Procedures
  - Lab, Rad, Medicine, Anesthesia
- HCPCS
  - Ambulance, Durable Supplies…

CODING PICTURE – What can be collected.



What may we code?

- **Code ONLY what is documented**
  - **Need legible, complete documentation**
- **Code significant medical interventions**
  - **Document things like calling back lab results, but if just giving results, no need to code**
- **Code what is important to YOUR facility/service**
  - **HEDIS/other metrics**
  - **Billable**
- **Code to the level YOUR facility/service needs**

ICD-9-CM
International Classification of Diseases – 9th revision-Clinical Modifications

- Epidemiology system written by World Health Organization
- Outpatient uses volumes 1 and 2 (alphabetic and tabular)
- Inpatient uses volumes 1, 2 and 3 (3 is inpatient procedures)
- ICD-10

ICD-9-CM
International Classification of Diseases – 9th revision-Clinical Modifications

- Inpatient institutional reimbursement **based on these codes to form the Diagnosis Related Group (DRG)**
  - **Relative Weighted Product (RWP) is an INSTITUTIONAL weight – has no relationship to an RVU which is a professional service weight**
- **Outpatient uses to show medical necessity**
- **Used for:**
  - **Population Health**
  - **Clinical Quality**

ICD-9 Field

- **Use codes in ICD-9-CM**
  - **Diagnosis** ### **or** ###.# **or** ###.## **or** ####.## #
  - **V-Codes** V##.# **or** V##.##
  - **E-Codes** E### **or** E###.#
- **Used to tell the story of the visit**
  - **Indicates medical necessity**
  - **Supports billing for outpatient coding**
- **Used to determine inpatient facility reimbursement (diagnoses plus inpatient procedures generate the Diagnosis Related Group)**

ICD-9 Field

- **Diagnosis**
  - **Current conditions (don’t code resolved conditions)**
  - **Underlying conditions**
  - **Highest known level**
  - **AF - Code with “U” for “unconfirmed” to explain actions**
- **Factors Influencing Health**
  - **Well babies, physicals, screenings, hx of cancer, f/u visits, need for immunizations, counseling and education**
- **External Causes of Injury**

ICD-9 Field

- **If there are only three numbers “XXX” (only 96 dx), you may code only three numbers**
  - **460 Cold**
- **If there are four possible numbers”XXX.X”, you must code four numbers**
  - **599.0 UTI**
- **If there are five possible numbers”XXX.XX”, you must code five numbers**
  - **250.00 DM, NOS**
- **If there are DoD extender codes, you must use one of them**
  - **V70.5_ _ 6** Post deployment exam **(for problems related to deployments)**

ICD-9 Field in ADM

- **1, 2, 3, 4, U**
  - **1 – primary diagnosis, diagnosis/condition that most closely matches why the person came in**
  - **2 – second condition treated or underlying cause**
  - **3 and 4 – up to provider, if extensive time spent counseling (not just “You should exercise more”)**
  - **U – unconfirmed (for the AF), not used by Navy or Army**
    - **If you type in more than 4, those without 1/2/3/4 will get a U**
- **Must assign number of procedure to match the number of the diagnosis (e.g., 1, 2, 3, 4)**
  - **OM does not match to remove impacted cerumen; Impacted cerumen matches to remove impacted cerumen**

ICD-9 Field

- **If you want to code to detailed level, you must teach your providers to document to that level**
- **Code to collect data to the level you will use/ need (Ask your Service for their needs)**

381	AC NONSUP OTITIS MED NOS	334
381.01	AC SEROUS OTITIS MEDIA	358
381.02	AC MUCOID OTITIS MEDIA	6
381.03	AC SANGUIN OTITIS MEDIA	3
381.04	AC ALLERGIC SEROUS OM	7
381.06	AC ALLERG SANGUINOUS OM	1
381.1	CHR SEROUS OM SIMP/NOS	115
381.19	CHR SEROUS OM NEC	56
381.2	CHR MUCOID OM SIMP/NOS	21
381.29	CHR MUCOID OM NEC	4
381.3	CHR NONSUP OM NOS/NEC	32
381.4	NONSUPP OTITIS MEDIA NOS	142
382	AC SUPP OTITIS MEDIA NOS	1470
382.01	AC SUPP OM W DRUM RUPT	177
382.02	AC SUPP OM IN OTH DIS	5
382.1	CHR TUBOTYMPAN SUPPUR OM	1
382.2	CHR ATTICOANTRAL SUP OM	2
382.3	CHR SUP OTITIS MEDIA NOS	67
382.4	SUPPUR OTITIS MEDIA NOS	42
382.9	UNSPECIFIED OTITIS MEDIA	5059

Current Procedural Terminology (CPT)

- **System developed to obtain** reimbursement for inpatient and outpatient professional services
- **Two coding systems**
  - **Evaluation and Management**
  - **Procedures**
- **Usually involve productivity**
- **Written by AMA**
- **Secret decoder – read “physician” as “provider”**
- **Used for staffing and budget**

Current Procedural Terminology (CPT)

- **A way to obtain reimbursement from insurance companies for work done in a group practice, both in the office and for work done in hospitals**
- 0xxxx **Anesthesia**
- 1xxxx - 6xxxx **Invasive Procedures**
- 7xxxx **Diagnostic Imaging/Radiation Oncology**
- 8xxxx **Lab**
- 9xxxx **Non-invasive Procedures (e.g., immunizations, mental health, optometry, neurology, cardio-pulmonary, OT, PT, nutritional medicine, osteopathic manipulations)**
- 99201-99499 **Evaluation and Management (types of encounters)**

Current Procedural Terminology
Evaluation and Mngt (E&M) Field

- **Type of visit**
  - **Office (new and established)**
  - **Rounds/admit/discharge**
  - **Consult (outpatient, inpatient, confirmatory)**
  - **ER**
  - **Telephone consults**
  - **Physicals (new and established)**
  - **Group prevention**
  - **Special Eval and Mngt**
  - **No visit/procedure only (use code 99499)**
- **Not all specialties use the office visit E/M (Mental Health, PT/OT, Optometry/Ophthalmology, Nutritional Medicine)**

Current Procedural Terminology Evaluation and Mngt (E&M) Field

- **Currently starting collection of inpatient professional services**
  - **http://www.pasba.amedd.army.mil/CodingFrameset.html**
  - **http://tricare.osd.mil/org/pae/ubu/**
- **Will now have ALL professional service workload, not just outpatient professional service**
  - **Easier to compare to civilian sector**

Healthcare Common Procedure Coding System CPT/HCPCS Codes Field

- Developed as method for reimbursement from insurance companies for things furnished in a provider practice which are not professional services
  - Drugs, neck braces, crutches, ambulance runs
- Written by Centers for Medicare and Medicaid Services
- Usually involve cost, occasionally involve productivity
- Because it is such a dumping ground, has applications in staffing, budget, population health, clinical quality
- X#### (format is letter with 4 numbers and no decimal point)

Current Procedural Terminology Procedure Codes CPT/HCPCS Codes Field

- Procedures
  - Only code those done and interpreted in the clinic (usually not diagnostic imaging [7xxxx] and not laboratory [8xxxx] codes)
  - Must be explained by the diagnosis codes
  - Must be done at the most appropriate level
  - “Money makers” in the civilian sector – earn Relative Value Units (RVUs)
  - Understand difference between office procedures (do not need post operative medical supervision) and Ambulatory Procedure Visits

Healthcare Common Procedure Coding System CPT/HCPCS Codes Field

- Healthcare Common Procedure Coding System
  - Will impact accrual fund for TRICARE Senior Prime
  - Very important for Third Party Collection/ Outpatient Itemized Billing (OIB)
  - Codes for durable supplies (e.g., crutches, orthotics), drugs (clinic stock), ambulance services (vehicle and tech portion)
  - Do not code for drugs issued by the pharmacy
  - Do not code for supplies that will be returned (e.g., CPAP machine)

Questions